



TRANSMITTAL FORM

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Complete if Known

Application Number 09/830,878

Filing Date November 20, 2001

First Named Inventor Robert N. B...

Examiner Name M. Meller

Group Art Unit 1654

Total Number of Pages in This Submission 6

Attorney Docket Number

N1121-03
TECH CENTER 1600/2900

ENCLOSURES (check all that apply)

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|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Certificate of Express Mail Label No. EV211173841 |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME & REG. NUMBER	Robert J. Jondle, Reg. No. 33,915				
SIGNATURE		DATE	August 27, 2003	DEPOSIT ACCOUNT USER ID	



SUBMITTED BY		Complete (if applicable)
1. Name of the person or organization submitting the application _____		2. Date of submission _____
3. Title of the project or activity _____		4. Location of the project or activity _____
5. Description of the project or activity _____		6. Estimated cost of the project or activity _____
7. Estimated duration of the project or activity _____		8. Estimated number of participants _____
9. Estimated number of staff or volunteers _____		10. Estimated number of materials or supplies _____
11. Estimated number of other resources _____		12. Estimated number of other expenses _____
13. Estimated number of other income _____		14. Estimated number of other revenue _____
15. Estimated number of other assets _____		16. Estimated number of other liabilities _____
17. Estimated number of other net worth _____		18. Estimated number of other equity _____
19. Estimated number of other debt _____		20. Estimated number of other interest _____
21. Estimated number of other income tax _____		22. Estimated number of other expenses tax _____
23. Estimated number of other assets tax _____		24. Estimated number of other liabilities tax _____
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27. Estimated number of other debt tax _____		28. Estimated number of other interest tax _____
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35. Estimated number of other debt tax _____		36. Estimated number of other interest tax _____
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